



03-12-03.

GP/1642  
A-195CDDC

**FREE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER**

Attorney's Docket No:  
A-195CDD

Serial No. 09/352,466      Filing Date July 13, 1999      Examiner Helms, L.      Group Art Unit 1642

In Re Application of  
Broudy et al.

For  
Monoclonal Antibodies to Stem Cell Factor Receptors

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

☒ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):

- ☐ One month of original due date (\$110.00)
- ☒ Two months of original due date (\$390.00)
- ☐ Three months of original due date (\$890.00)
- ☐ Four months of original due date (\$1,390.00)
- ☐ Five months of original due date (\$1,890.00)

☒ A response in connection with the matter for which this extension is requested:

- ☒ is filed herewith.
- ☐ has been filed.
- ☐ The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.

☒ The accompanying papers do not include amended claims; no additional fee is required.

☐ The accompanying papers include amended claims the fee for which has been calculated as follows:

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**CLAIMS AS AMENDED**

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$80	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$270	= 0.00
Total Additional Fee for this Amendment						\$0.00

\* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

☒ The following other fees are incurred by the accompanying papers.

☐ Other: \_\_\_\_\_

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 390.00. A duplicate copy of this petition is attached.

☒ If an additional extension of time is required, please consider this a request therefore.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:  
US Patent Operations/ RBW  
Dept. 4300, M/S 27-4-A  
AMGEN INC.  
One Amgen Center Drive  
Thousand Oaks, California 91320-1799

Robert B. Winter  
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Phone: (805) 447-2425  
Date: March 10, 2003

**EXPRESS MAIL CERTIFICATE**

"Express Mail" mail labeling number: EL360692766US      Date of Deposit: March 10, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Box 694 Assistant Commissioner for Patents, Washington, D.C. 20221

Lynne Buchsbaum  
Printed Name

Signature